



POTENTIAL HAZARDOUS WASTE SITE SITE INSPECTION REPORT

REGION 04	SITE NUMBER (to be assigned by HQ) 36609
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GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Property adjacent to Saad & Son		B. STREET (or other identifier) Trousdale Dr.	
C. CITY Nashville	D. STATE TN	E. ZIP CODE	F. COUNTY NAME Davidson
G. SITE OPERATOR INFORMATION			
1. NAME Saad & Sons D/I Reclaiming		2. TELEPHONE NUMBER	
3. STREET 3665 Trousdale Dr.	4. CITY Nashville	5. STATE TN	6. ZIP CODE 37204
H. REALTY OWNER INFORMATION (if different from operator of site)			
1. NAME		2. TELEPHONE NUMBER	
3. CITY	4. STATE	5. ZIP CODE	

I. SITE DESCRIPTION				
J. TYPE OF OWNERSHIP				
<input type="checkbox"/> 1. FEDERAL	<input type="checkbox"/> 2. STATE	<input type="checkbox"/> 3. COUNTY	<input type="checkbox"/> 4. MUNICIPAL	<input checked="" type="checkbox"/> 5. PRIVATE

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)	B. APPARENT SERIOUSNESS OF PROBLEM
	<input type="checkbox"/> 1. HIGH <input checked="" type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE
C. PREPARER INFORMATION	
1. NAME Allen Bartlett	2. TELEPHONE NUMBER 881-3931
3. DATE (mo., day, & yr.) 4/23/80	

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION		
1. NAME	2. TITLE	
3. ORGANIZATION	4. TELEPHONE NO. (area code & no.)	
B. INSPECTION PARTICIPANTS		
1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Joe Holland	TN Dept. of Public Health Division of Water Quality, Nashville	615/741-7391

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)		
1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS

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VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

The Saad operation is messy. His operation was an oil reclaimer,

☐ P. SEWER, STORM DRAIN PROBLEMS☐ Q. EROSION PROBLEMS☐ R. INADEQUATE SECURITY☐ S. INCOMPATIBLE WASTES

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X. WATER AND HYDROLOGICAL DATA (continued)**H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE**

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COM- MUNITY (mark 'X')	5. COMMUN- ITY (mark 'X')

I. RECEIVING WATER

1. NAME

☐ 2. SEWERS☐ 3. STREAMS/RIVERS☐ 4. LAKES/RESERVOIRS☐ 5. OTHER (specify)**6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS****XI. SOIL AND VEGETATION DATA****LOCATION OF SITE IS IN:**☐ A. KNOWN FAULT ZONE☐ B. KARST ZONE☐ C. 100 YEAR FLOOD PLAIN☐ D. WETLAND☐ E. A REGULATED FLOODWAY☐ F. CRITICAL HABITAT☐ G. RECHARGE ZONE OR FLOOD SOURCE AQUIFER**XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED**

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. OVERBURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
	1. SAND				
	2. CLAY				
	3. GRAVEL				

XIII. SOIL PERMEABILITY☐ A. UNKNOWN☐ B. VERY HIGH (100,000 to 1000 cm/sec.)☐ C. HIGH (1000 to 10 cm/sec.)☐ D. MODERATE (10 to .1 cm/sec.)☐ E. LOW (.1 to .001 cm/sec.)☐ F. VERY LOW (.001 to .00001 cm/sec.)**G. RECHARGE AREA**☐ 1. YES☐ 2. NO

3. COMMENTS:

H. DISCHARGE AREA☐ 1. YES☐ 2. NO

3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

J. OTHER GEOLOGICAL DATA

INCINERATORS SITE INSPECTION REPORT (Supplemental Report)

INSTRUCTION
Answer and Explain
as Necessary.

1. INCINERATION OF ALL SUBSTANCES APPROVED BY REGULATORY AGENCY

☐ YES ☐ NO

LIST ALL SUBSTANCES INCINERATED, INDICATING WHETHER OR NOT APPROVAL EXISTS.

2. COMBUSTION EFFICIENCY MONITORED

☐ YES ☐ NO (Explain)

3. TEMPERATURE, GAS FLOW, RETENTION CALCULATIONS, AND COMBUSTION ZONE MONITORED

☐ YES ☐ NO

4. MONITORING EQUIPMENT FUNCTIONING PROPERLY

☐ YES ☐ NO

5. ADEQUATE MAINTENANCE OF EMISSION CONTROL EQUIPMENT

☐ YES ☐ NO

6. MONITORING PORTS IN INCINERATOR (Indicate Position)

☐ YES ☐ NO

7. WASTE FLOW RATE MONITORED

☐ YES ☐ NO

8. CUT-OFF DEVICE FUNCTIONING PROPERLY

☐ YES ☐ NO

9. STACK TEST

☐ YES ☐ NO

9a. EPA METHOD

9b. AGENCY CONDUCTING TEST

9c. DATE

10. ADEQUATE METHOD FOR DISPOSAL OF SCRUBBER LIQUOR WASTEWATER (Describe)

☐ YES ☐ NO

11. ADEQUATE METHOD FOR DISPOSAL OF ASH QUENCHING WASTEWATER OR ASH (Describe)

☐ YES ☐ NO

12. TYPE OF SCRUBBER MEDIUM

13. TYPE OF SCRUBBER

14. MIST ELIMINATOR

☐ YES ☐ NO

LAND FARM SITE INSPECTION REPORT
(Supplemental Report)**INSTRUCTION**Answer and Explain
as necessary.**1. STATE PERMIT**☐ YES ☐ NO**2. AREA (Dimensions of Site)****3. APPLICATION RATE****4. IMPROPER DISPOSAL OF UNAUTHORIZED MATERIALS IN LAND FARM**☐ YES ☐ NO**5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED**☐ YES ☐ NO**6. EVIDENCE OF PONDING OF LIQUID ON SITE**☐ YES ☐ NO**7. ODORS (especially hydrogen sulfide) (If YES, indicate)**☐ YES ☐ NO**8. GENERAL PHYSICAL APPEARANCE OF SOIL (Color, Sand/Silt/Clay Content)****9. VEGETATION ON LAND FARM****10. pH**

SURFACE IMPOUNDMENTS SITE INSPECTION REPORT (Supplemental Report)

INSTRUCTION
Answer and Explain
as Necessary.

1. TYPE OF IMPOUNDMENT

2. STABILITY/CONDITION OF EMBANKMENTS

3. EVIDENCE OF SITE INSTABILITY (Erosion, Settling, Sink Holes, etc.)

☐ YES ☐ NO

4. EVIDENCE OF DISPOSAL OF IGNITABLE OR REACTIVE WASTE

☐ YES ☐ NO

5. ONLY COMPATIBLE WASTES ARE STORED OR DISPOSED OF IN THE IMPOUNDMENT

☐ YES ☐ NO

6. RECORDS CHECKED FOR CONTENTS AND LOCATION OF EACH SURFACE IMPOUNDMENT

☐ YES ☐ NO

7. IMPOUNDMENT HAS LINER SYSTEM

☐ YES ☐ NO

7a. INTEGRITY OF LINER SYSTEM CHECKED

☐ YES ☐ NO

7b. FINDINGS

8. SOIL STRUCTURE AND SUBSTRUCTURE

9. MONITORING WELLS

☐ YES ☐ NO

10. LENGTH, WIDTH, AND DEPTH

LENGTH

WIDTH

DEPTH

11. CALCULATED VOLUMETRIC CAPACITY

12. PERCENT OF CAPACITY REMAINING

13. ESTIMATE FREEBOARD

14. SOLIDS DEPOSITION

☐ YES ☐ NO

15. DREDGING DISPOSAL METHOD

16. OTHER EQUIPMENT

STORAGE FACILITIES SITE INSPECTION REPORT <i>(Supplemental Report)</i>	INSTRUCTION Answer and Explain as Necessary.
1. STORAGE AREA HAS CONTINUOUS IMPERVIOUS BASE <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. STORAGE AREA HAS A CONFINEMENT STRUCTURE <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. EVIDENCE OF LEAKAGE/OVERFLOW <i>(If "Yes", document where and how much runoff is overflowing or leaking from containment)</i> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <p style="margin-left: 40px;"><i>Messy Operation</i></p>	
4. ESTIMATE TYPE AND NUMBER OF BARRELS/CONTAINERS	
5. GLASS OR PLASTIC STORAGE CONTAINERS USED <input type="checkbox"/> YES <input type="checkbox"/> NO	
6. ESTIMATE NUMBER AND CAPACITY OF STORAGE TANKS	
7. NOTE LABELING ON CONTAINERS	
8. EVIDENCE OF LEAKAGE CORROSION OR BULGING OF BARRELS/CONTAINERS/STORAGE TANKS <i>(If "Yes", document evidence. Describe location and extent of damage. Take PHOTOGRAPHS)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. DIRECT VENTING OF STORAGE TANKS <input type="checkbox"/> YES <input type="checkbox"/> NO	
10. CONTAINERS HOLDING INCOMPATIBLE SUBSTANCES <i>(If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. INCOMPATIBLE SUBSTANCES STORED IN CLOSE PROXIMITY <i>(If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
12. ADEQUATE CONTAINER WASHING AND REUSE PRACTICES <input type="checkbox"/> YES <input type="checkbox"/> NO	
13. ADEQUATE PRACTICES FOR DISPOSAL OF EMPTY STORAGE CONTAINERS <input type="checkbox"/> YES <input type="checkbox"/> NO	

LANDFILLS SITE INSPECTION REPORT (Supplemental Report)

INSTRUCTION

Answer and Explain
as Necessary.

1. EVIDENCE OF SITE INSTABILITY (Erosion, Settling, Sink Holes, etc)

☐ YES ☐ NO

2. EVIDENCE OF IMPROPER DISPOSAL OF BULK LIQUIDS, SEMI-SOLIDS AND SLUDGES INTO THE LANDFILL

☐ YES ☐ NO

3. CHECK RECORDS OF CELL LOCATION AND CONTENTS AND BENCHMARK

☐ YES ☐ NO

4. WASTES SURROUNDED BY SORBENT MATERIAL

☐ YES ☐ NO

5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED

☐ YES ☐ NO

6. EVIDENCE OF PONDING OF WATER ON SITE

☐ YES ☐ NO

7. EVIDENCE OF IMPROPER/INADEQUATE DRAINING

☐ YES ☐ NO

8. ADEQUATE LEACHATE COLLECTION SYSTEM (If "Yes", specify Type)

☐ YES ☐ NO

8a. SURFACE LEACHATE SPRING

☐ YES ☐ NO

9. RECORDS OF LEACHATE ANALYSIS

☐ YES ☐ NO

10. GAS MONITORING

☐ YES ☐ NO

11. GROUNDWATER MONITORING WELLS

☐ YES ☐ NO

12. ARTIFICIAL MEMBRANE LINER INSTALLED

☐ YES ☐ NO

13. SPECIFIC CONTAINMENT MEASURES (Clay Bottom, Sides, etc)

☐ YES ☐ NO

14. FIXATION (Stabilization) OF WASTE

☐ YES ☐ NO

15. ADEQUATE CLOSURE OF INACTIVE PORTION OF FACILITY

☐ YES ☐ NO

16. COVER (Type)

16a. THICKNESS

16b. PERMEABILITY

16c. DAILY APPLICATION

☐ YES ☐ NO